
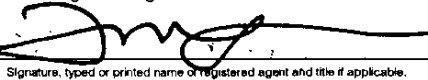
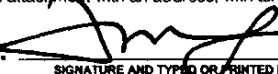


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90030 036 \*\*\*\*61.25

<b>DOCUMENT # N06000002454</b>					
1. Entity Name FOGGY RIDGE COMMONS 6 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1022 MAIN ST., SUITE D DUNEDIN, FL 34698			Mailing Address 1022 MAIN ST., SUITE D DUNEDIN, FL 34698		
2. Principal Place of Business - No P.O. Box # 24160 S.R. 54 Suite, Apt. #, etc. Unit #1		3. Mailing Address 24160 S.R. 54 Suite, Apt. #, etc. Unit 1		01152007 Chg-NP CR2E037 (12/06)	
City & State Lutz, Florida		City & State Lutz, Florida		4. FEI Number 205126023 Applied For Not Applicable	
Zip 33559	Country Pasco	Zip 33559	Country Pasco	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANKEL, ROBERT L 1022 MAIN ST., SUITE D DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name Francis M. Liner, Sr. Street Address (P.O. Box Number is Not Acceptable) 24160 S.R. 54 Unit 1 City Lutz FL Zip Code 33559		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Francis M. Liner, Sr. Director 1-15-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINER, F.M. SR. 1022 MAIN ST., SUITE D DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liner, F.M. Sr. 24160 S.R. 54, #1 Lutz, FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINER, F.M. JR. 1022 MAIN ST., SUITE D DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liner, F.M. Jr. 24160 S.R. 54, #1 Lutz, FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINER, NARY J 1022 MAIN ST., SUITE D DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Liner, Mary J 24160 S.R. 54, #1 Lutz, FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Francis M. Liner, Sr. D.		1-15-07 813-949-0428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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